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PTO/SB/01 (6-95)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Type a plus sign (+) inside this box		U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	H 4199 PCT/US
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		First Named Inventor	GARCES GARCES, Josep	
COMPLETE IF KNOWN				
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing	Application Number	
		Filing Date		
		Group Art Unit		
		Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MICROCAPSULES - II

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on MM/DD/YYYY

06/23/2000

as United States Application Number or PCT International

Application Number

PCT/EP00/05806

and was amended on MM/DD/YYYY.

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
99112669.9	EP	07/02/1999			X

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP00/05806	06/23/2000	

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name _____ Customer Number or label _____
OR _____

List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
John E. Drach Steven J. Trzaska	32,891 36,296	Aaron R. Ettelman Henry E. Millson, Jr.	42,516 18,980

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: Customer Number or label **23657** OR Fill in correspondence address below

Name	John E. Drach			
Address				
Address				
City	State	ZIP		
Country	Telephone	610-278-4925	Fax	610-278-6548

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned

Given Name	Josep	Middle Initial		Family Name	GARCES GARCES	Suffix e.g. Jr.	
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Inventor's Signature		Date	
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Residence: City	Martorell, Barcelona	State		Country	Spain	Citizenship	Spain
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Post Office Address	C. Francesc Macia 19-3-1a						
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Post Office Address							
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City	08760 Martorell, Barcelona	State		Zip		Country	Spain	Applicant Authority
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Additional inventors are being named on supplemental sheet(s) attached hereto

DECLARATION**ADDITIONAL INVENTOR(S)**
Suppl. SheetName of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name	J sep-Lluis	Middle Initial		Family Name	VILADOT PETIT	Suffix e.g. Jr.	
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Inventor's Signature					Date		
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Residence: City	Barcelona	State		Country	Spain	Citizenship	Spain
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Post Office Address	C. Comte d'Urgell 230-6-2a						
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City	08036 Barcelona	State		Zip		Country	Spain	Applicant Authority	
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Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name			Middle Initial		Family Name				Suffix e.g. Jr.	
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Inventor's Signature					Date			
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Given Name			Middle Initial		Family Name				Suffix e.g. Jr.	
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Inventor's Signature					Date			
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City		State		Zip		Country		Applicant Authority	
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 Additional inventors are being named on supplemental sheet(s) attached hereto